

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2				/		
3				/		
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Total Indep			1			
Total Depend			19			
Total Claims			20			

* May be used for additional claims or amendments								
	Indep		Depend		Indep		Depend	
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Total Depend								
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